

# APPLICATION FOR CERTIFICATION

*For use in requesting initial certificates and endorsements.*

## ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117

Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

### GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit a money order, cashiers check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (**ADE**). Fees are **not** refundable. **Cash will not be accepted.**
- Official transcript(s); photocopies will not be accepted.

### SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F  
(For identification purposes only)

Full Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Number or P.O. Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Home) (Home)

Ethnicity: \_\_\_\_ Asian or Pacific Islander \_\_\_\_ Black or African-American (Not-Hispanic) \_\_\_\_ Hispanic or Latino  
\_\_\_\_ White (Not-Hispanic) \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Other  
(Gender and Ethnicity are requested for federal reporting purposes only)

### SECTION 2: CERTIFICATION TYPE AND FEES

#### TEACHING CERTIFICATES:

Are you applying for an elementary, secondary, special education or early childhood certificate under the rules of reciprocity?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please include a notarized copy of the valid out-of-state certificate.

____ SUBSTITUTE.....\$60	____ EARLY CHILDHOOD .....\$60
____ ELEMENTARY (K-8).....\$60	____ SECONDARY (7-12)(ONE APPROVED AREA)-
____ APPROVED AREA ELEMENTARY (OPTIONAL)-	AREA.....\$60
AREA.....\$60	____ ADDITIONAL APPROVED AREA SECONDARY-
	AREA.....\$60

#### SPECIAL EDUCATION (K-12):

____ CROSS-CATEGORICAL (ED, LD, MR, O/HI).....\$60	____ MENTAL RETARDATION .....\$60
____ EARLY CHILDHOOD (BIRTH TO AGE 5).....\$60	____ ORTHOPEDIC/HEALTH IMPAIRMENT .....\$60
____ EMOTIONAL DISABILITY.....\$60	____ SEVERELY AND PROFOUNDLY DISABLED .....\$60
____ HEARING IMPAIRED.....\$60	____ SPEECH AND LANGUAGE IMPAIRED .....\$60
____ LEARNING DISABILITY .....\$60	____ VISUALLY IMPAIRED .....\$60

#### CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

____ AGRICULTURE, OPTION A, B, C, OR D.....\$60	____ HEALTH CAREERS, OPTION A, B, C, OR D.....\$60
____ BUSINESS AND MARKETING, OPTION A, B, C, OR D.....\$60	____ INDUSTRIAL TECHNOLOGY, OPTION A, B, C, OR D.....\$60
____ FAMILY AND CONSUMER SCIENCES,	
OPTION A, B, C, OR D.....\$60	

#### ADMINISTRATIVE CERTIFICATES (PRE K-12):

____ PRINCIPAL .....\$60	____ SUPERVISOR .....\$60
____ SUPERINTENDENT .....\$60	

#### PROFESSIONAL NON-TEACHING CERTIFICATES:

____ GUIDANCE COUNSELOR (K-12) .....\$60	____ SCHOOL PSYCHOLOGIST (PRE K-12) .....\$60
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#### OTHER CERTIFICATES:

____ ADULT EDUCATION .....\$60	____ JUNIOR RESERVE OFFICER TRAINING CORPS.....\$60
____ ATHLETIC COACHING .....\$60	____ TEACHER INTERN.....\$60

\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

## ENDORSEMENTS:

(A valid Arizona teaching certificate is required. Endorsements are K-12, unless indicated otherwise.)

<input type="checkbox"/> ART .....	\$60	<input type="checkbox"/> PROVISIONAL ENGLISH AS A SECOND LANGUAGE ...	\$60
<input type="checkbox"/> PROVISIONAL BILINGUAL-		<input type="checkbox"/> FULL ENGLISH AS A SECOND LANGUAGE .....	\$60
<input type="checkbox"/> LANGUAGE: .....	\$60	<input type="checkbox"/> PROVISIONAL GIFTED .....	\$60
<input type="checkbox"/> FULL BILINGUAL -		<input type="checkbox"/> FULL GIFTED .....	\$60
<input type="checkbox"/> LANGUAGE: .....	\$60	<input type="checkbox"/> LIBRARY MEDIA SPECIALIST .....	\$60
<input type="checkbox"/> COMPUTER SCIENCE .....	\$60	<input type="checkbox"/> MATHEMATICS SPECIALIST (ELEMENTARY	
<input type="checkbox"/> COOPERATIVE EDUCATION (CAREER AND		<input type="checkbox"/> OR SPECIAL ED. CERTIFICATE REQUIRED) .....	\$60
<input type="checkbox"/> TECHNICAL EDUCATION CERTIFICATE REQUIRED) ....	\$60	<input type="checkbox"/> MIDDLE GRADE (5-9) .....	\$60
<input type="checkbox"/> DANCE .....	\$60	<input type="checkbox"/> MUSIC .....	\$60
<input type="checkbox"/> DRAMATIC ARTS .....	\$60	<input type="checkbox"/> PHYSICAL EDUCATION .....	\$60
<input type="checkbox"/> DRIVER'S EDUCATION .....	\$60	<input type="checkbox"/> READING SPECIALIST.....	\$60
<input type="checkbox"/> EARLY CHILDHOOD .....	\$60	<input type="checkbox"/> PROVISIONAL STRUCTURED ENGLISH IMMERSION...	\$60
<input type="checkbox"/> ELEMENTARY FOREIGN LANGUAGE -		<input type="checkbox"/> FULL STRUCTURED ENGLISH IMMERSION.....	\$60
<input type="checkbox"/> LANGUAGE: .....	\$60		

## SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar.

	COLLEGE OR UNIVERSITY	LOCATION, STATE	DEGREE/MAJOR	DATE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**IMPORTANT:** Please **maintain** copies of all your personal and professional records for future use.

## SECTION 4: PRACTICUM, STUDENT TEACHING AND INTERNSHIPS

Have you completed any student teaching, practicums or internships?....YES\_\_\_ NO\_\_\_

If "YES," circle the grade-levels: Birth – age 3, Pre-K, K 1 2 3 4 5 6 7 8 9 10 11 12 Subject area(s): \_\_\_\_\_ Dates: \_\_\_\_\_

To obtain a waiver of student teaching, submit verification of **two years** of full-time teaching experience on official letterhead signed by District Superintendent or Personnel Director.

## SECTION 5: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

**ATTN:** If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. Have you ever had any professional certificate or license, revoked or suspended?.....YES\_\_\_ NO\_\_\_
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES\_\_\_ NO\_\_\_
3. Have you ever been convicted of any felony offense?.....YES\_\_\_ NO\_\_\_
4. **Have you ever been arrested for any offense for which you were fingerprinted?**.....YES\_\_\_ NO\_\_\_
5. **HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**
  - a Second-degree murder YES\_\_\_ NO\_\_\_
  - b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES\_\_\_ NO\_\_\_
  - c Sexual assault YES\_\_\_ NO\_\_\_
  - d Molestation of a child YES\_\_\_ NO\_\_\_
  - e Sexual conduct with a minor YES\_\_\_ NO\_\_\_
  - f Commercial sexual exploitation of a minor YES\_\_\_ NO\_\_\_
  - g Sexual exploitation of a minor YES\_\_\_ NO\_\_\_
  - h Child abuse YES\_\_\_ NO\_\_\_
  - i Kidnapping YES\_\_\_ NO\_\_\_
  - j Sexual abuse of a minor YES\_\_\_ NO\_\_\_
  - k Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES\_\_\_ NO\_\_\_
  - l Child prostitution as prescribed in section 13-3212 YES\_\_\_ NO\_\_\_
  - m Involving or using minors in drug offenses YES\_\_\_ NO\_\_\_
  - n Continuous sexual abuse of a child YES\_\_\_ NO\_\_\_
  - o Attempted first-degree murder YES\_\_\_ NO\_\_\_
  - p Any other dangerous crime against children as defined in section 13-604.01 YES\_\_\_ NO\_\_\_
  - q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES\_\_\_ NO\_\_\_
  - r Any offense causing you to register as a sex offender YES\_\_\_ NO\_\_\_
  - s First-degree murder YES\_\_\_ NO\_\_\_
  - t Armed Robbery YES\_\_\_ NO\_\_\_
  - u Incest YES\_\_\_ NO\_\_\_
  - v Exploitation of minors involving drug offenses YES\_\_\_ NO\_\_\_
  - w Sexual abuse of a vulnerable adult YES\_\_\_ NO\_\_\_
  - x Sexual exploitation of a vulnerable adult YES\_\_\_ NO\_\_\_
  - y Commercial sexual exploitation of a vulnerable adult YES\_\_\_ NO\_\_\_
  - z Abuse of a vulnerable adult YES\_\_\_ NO\_\_\_
  - aa Molestation of a vulnerable adult YES\_\_\_ NO\_\_\_
  - bb Neglect of a vulnerable adult YES\_\_\_ NO\_\_\_

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature